

Application for Membership

Purpose of the Form

• Use this form to advise PERSI you are a new employee or a rehire who might be eligible for PERSI membership.

Instructions

- Employee and employer
 Read "About Form RS102," attached.
- Employer
 Read the employer steps under the attached Instructions to determine if this form is necessary. If eligibility is from Police/Firefighter certification, read Employer—Police/Firefighter Certification in the Instructions.

Name (as it appears on your Social Security card) First Mailing Address City State City State City State City State City Daytime Phone Number Area Code Phone Number First Day on Job Contribution Information I have contributed to PERSI before this present employment. Yes No No Scial Security Number Zip Code City First Day on Job Gender Male Phone Number Male Female
Mailing Address City State Daytime Phone Number Area Code Phone Number Position Title First Day on Job Contribution Information I have contributed to PERSI before this present employment. Barea Code First Day on Job Gender I am currently receiving a monthly benefit payment from PERSI.
Mailing Address City State Zip Code Daytime Phone Number Area Code Phone Number Date of Birth Month Day Year Position Title First Day on Job Contribution Information I have contributed to PERSI before this present employment. Benefits Information I am currently receiving a monthly benefit payment from PERSI. Gender
Address City State Daytime Phone Number Area Code Phone Number Position Title First Day on Job Contribution Information I have contributed to PERSI before this present employment. Benefits Information I am currently receiving a monthly benefit payment from PERSI. First Day on Job Gender I am currently receiving a monthly benefit payment from PERSI.
Area Code Phone Number Month Day Year Position Title First Day on Job Contribution Information I have contributed to PERSI before this present employment. Benefits Information I am currently receiving a monthly benefit payment from PERSI. Gender Male payment from PERSI.
Position Title First Day on Job Contribution Information I have contributed to PERSI before this present employment. Benefits Information I am currently receiving a monthly benefit payment from PERSI. Gender Male payment from PERSI.
Contribution Information I have contributed to PERSI before this present employment. Benefits Information I am currently receiving a monthly benefit payment from PERSI. Gender □ Male □ Female
I have contributed to PERSI before this present employment. I am currently receiving a monthly benefit payment from PERSI. □ Male □ Female
this present employment. payment from PERSI. Female
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□ Yes □ No □ Yes □ No
Employee Acknowledgment
As a condition of my employment under the requirements of Idaho Code, Title 59, Chapter 13, I declare that the statements above are complete and correct to the best of my knowledge.
Signature Date
Employer Certification
I certify that the above-named applicant is an employee as defined in Idaho Code §59-1302(14) and that the information above is complete and correct to the best of my knowledge.
Employer Name Employer Number
Employee Eligibility
☐ General member ☐ Teacher ☐ Elected official ☐ Police/Firefighter
Note: If eligibility is from Police/Firefighter certification, read Employer—Police/Firefighter Certification in the Instructions.
Signature Title Date



About Form RS102

Instructions

Employee

- 1 Complete the employee sections.
- 2 Attach a copy of your Social Security card.
- 3 Return the form to your employer.
- 4 Also complete a Beneficiary Designation (RS115) and send it to PERSI.

Employer—Paper Reporting

- 1 Complete the **Employer Certification** section to certify that the employee meets the definition of an employee eligible for PERSI membership.
- 2 Include the information from the form in your *Transmittal Report of Employee Deductions*.
- 3 Send the form to PERSI.
- 4 Advise the employee to send a Beneficiary Designation (RS115) to PERSI.
- 5 If the employee is a retired PERSI member, complete *Certification of Employment of Retired Member* (RS132), have the employee complete the employee section, and send the form to PERSI.

Employer—Electronic Reporting

- 1 Do not use this form. Include the information in your Transmittal Report of Employee Deductions.
- 2 Advise the employee to send a Beneficiary Designation (RS115) to PERSI.
- 3 If the employee is a retired PERSI member, complete *Certification of Employment of Retired Member* (RS132), have the employee complete the employee section, and send the form to PERSI.

Employer—Police/Firefighter Certification

• If eligibility is from Police/Firefighter certification, complete *Employer Certification of Police Officer Status* (RS118) or *Employer Certification of Firefighter Status* (RS118A) and attach a copy.

Employee—Benefits Information for Retired Members

In the **Benefits Information** field, check "Yes" if you are a PERSI retired member and currently receiving monthly benefit payments from PERSI.

Working Retired Members

- As a retired member, you can work and continue to receive benefit payments if you work less than 20 hours per week or less than five consecutive months.
- If you are retired member and returning to work for the same employer, your benefit payments might be affected, as outlined in the explanation of *Certification of Employment of a Retired Member* (RS132).

Employee—Eligibility for Public Employment

You may receive credit for prior public employment. The employers listed below may be eligible.

- State of Idaho
- Educational organizations of the State of Idaho (for example, school districts and universities)
- Counties, cities, and other political subdivisions of the State of Idaho
- Some U.S. military service